



EARLY STEPS FAMILY SURVEY PROCESS INSTRUCTIONS 2011

BACKGROUND:

The IDEA requires Part C lead agencies to report on family outcomes resulting from families' participation in early intervention. Specifically, states must report the extent to which families report that early intervention helped them:

- a) Know their rights;
- b) Effectively communicate their child's needs; and
- c) Help their children develop and learn

To address this federal reporting requirement, Early Steps implements an annual process for families to submit a family survey. The results of the survey will be reported in Florida's Annual Performance Report submitted to the Office of Special Education Programs (OSEP) and on the Early Steps website. Results of the survey will also be useful to Local Early Steps to help improve the quality of services in each area.

The Early Steps family survey process relies on the personal contact with families during a specific window of time. Details of this process are described in the sections that follow.

TIME PERIOD FOR DISTRIBUTION OF THE SURVEYS:

The distribution for 2011 family survey process will be October and November, 2011.

WHAT FAMILIES SHOULD RECEIVE A SURVEY:

The family survey process will be different this year than previous years and will serve as a pilot to make decisions for the future. Early Steps is surveying families who have received services for at least six months and are *exiting* during the distribution period based on the following disposition codes:

- 4 – Completion of IFSP prior to age 3
- 6 – Not eligible for Part B exit with referrals
- 7 – Not eligible for Part B exit without referrals
- 9 – Withdrawal by parent after IFSP
- A – Part B eligible, exiting Part C
- M – Moved out of state
- O – Not considered for Part B
- P – Part B eligibility not determined

HOW THIS WILL WORK:

Each Service Coordinator will be supplied a Log with a list of children on their caseload who have received services for at least 6 months and who will turn three during the

distribution period. There will be circumstances when a child on the Log has transitioned based on another disposition code other than 4,6,7,9,A,M,O, and P. In that situation, the family would **not** receive a survey and you will need to write on the Log that child exited due to another disposition code. There will also be children who have received services for at least six months and exiting based on codes 4,6,7,9,A,M,O, and P who are not on your Log. In those circumstances, the family should receive a survey, the child's name should be added to the blank space on your Log, and the reason for exit documented. This step is very important to ensure the local and statewide data is accurate.

Local Early Steps will receive a package approximately the end of September 2011 that will include the following:

- Blank Family Surveys – English on one side and Spanish on the other. Prior to providing the survey to a family, you **must** write the family's survey code, which is the child's Unique # in the data system, in the ten digit blank field at the end of the survey. This is to collect the demographics of the families who respond, as required by the Office of Special Education Programs (OSEP).
- Family Survey Cover Letter – English on one side and Spanish on the other. This letter should accompany every family survey.
- A set of self-addressed, postage-prepaid envelopes for mailing the completed survey.

The Early Steps State Office will also send you the following through your Data Custodian:

- Logs populated by Service Coordinator with names of children on their caseload who have received services for at least six months and turn three during the distribution period. Please remember this list is not an exhaustive list and children and families who meet the criteria should be provided a survey and added to the Log. All Logs must be kept and provided to the Local Family Survey Lead for mailing to the Early Steps State Office when the distribution period has concluded.

This process continues to be a point of contact method. Face to face encounters through your daily work during the family survey distribution period should be utilized as the first option for distribution. This can include exit evaluations and periodic/annual IFSP reviews. If you are with a family who meets the criteria and you are face to face, you may provide the survey and inform them they can:

- Fill the survey at their convenience but by the end of November 2011 and mail it in the self-addressed, postage-prepaid envelope. Remember to write down the family's survey code at the end of the survey.
- Fill it out online at www.piedrasurvey.com/fl by the end of November 2011. It is important to still provide the family with their survey code. They will need this to submit a survey electronically.
- Fill out the survey during your face to face encounter, seal the survey in the enclosed envelope and provide it back to the Service Coordinator. The Service Coordinator would then need to put it in the mail.

For families who meet the criteria however a face to face contact is not anticipated, there are several options to distribute the survey that utilize personal contact. For example, you may inform a family via phone that you will be mailing the survey with their closure letter and follow up via phone within a few days of mailing it. You could also contact a family who you know prefers electronic communication and provide them with the

website and survey code to submit a survey online. Mass mailing has not proved successful historically, however is slightly more successful when followed up by phone or email. You know your families' best and the way they each prefer to communicate. We encourage you to utilize your expertise of their preferred mode of communication.

DATE TO BEGIN DISTRIBUTION OF THE SURVEYS:

October 1, 2011 is the first day of the survey period. If the materials are able to be shipped and received earlier, we will allow for earlier distribution.

LAST DAY FOR SURVEY DISTRIBUTION:

November 30, 2011 is the last day for surveys to be distributed. Please remember that all completed Logs should be provided to your Local Family Survey Lead at the end of the distribution period.

DEADLINE FOR RETURN OF THE SURVEY:

The deadline for return or submission of the family survey is December 13, 2011.

WHO I CAN CONTACT WITH QUESTIONS REGARDING THIS PROCESS:

Kelly Purvis, Lead State Parent Consultant, is available to assist you and can be reached at (850) 245-4444 ext. 3019 or Kelly_Purvis@doh.state.fl.us

Thank you in advance for helping make this a successful project. We couldn't do it without you!

WHAT TO TELL FAMILIES

- Their input is important to us
- This is an opportunity for families to help make Early Steps services better for young children and their families in the future
- Participation in this survey is completely voluntary
- Responses are confidential and only traced back to your demographics for federal reporting purposes
- Responses will not impact their services
- If they do not feel a question is applicable, they may skip it
- There are no right or wrong answers, only valuable views from their experiences
- They have the option to submit a hard copy survey or complete the survey online
- Surveys must be received by December 13, 2011
- If a family expresses interest in submitting a survey via the internet but does not have access to the internet, please accommodate the family by providing an opportunity to access the internet
- By February 1, 2012, the family survey results will be posted to the Early Steps website
- THANK YOU!!!



Fingerprinting and Background Screening Requirements/ Florida Medicaid Provider Enrollment

In order to enroll in the Florida Medicaid program, most providers must submit fingerprint cards in order for the Agency to conduct background screening. These requirements are outlined in Florida Statute and in Florida Administrative Code rule, and in Federal Regulation.

Key Florida Statutes which outline these requirements include ss. 409.907(8); 408.809 (1) through (4), and Chapter 435, Florida Statutes. Section 409.907(8) is the primary section which outlines fingerprinting and background screening requirements for Florida Medicaid providers, and that section incorporates through reference elements contained in s. 408.809 and Chapter 435.

Federal requirements for Medicaid provider fingerprinting and background screening are outlined in 42 CFR 455.434. Federal law provides that a state Medicaid agency must, as a condition of enrollment, require providers to consent to criminal background checks, including fingerprinting when required to do so under state law.

Further detail regarding fingerprinting a background screening is found Florida Administrative Code Rule 59G-5.010 and in the Florida Medicaid Provider General Handbook.

While most providers are required to submit fingerprints and be screened, some exemptions do exist. The exemptions include, but are not limited to Board members of a not-for-profit corporation or organization as long as they meet certain criteria, school districts, units of local government, and medical foster care or private transportation providers who have a Florida Department of Children and Families license. Certain providers licensed under Chapter 395 and 400, Florida Statutes, are also exempt, including, but not limited to hospitals, adult family care homes, nursing facilities, hospices, and ALFs.

With regards to requirements for physician enrollees, a provider alert was sent on August 15, 2011 clarifying fingerprinting/ background screening requirements. During the 2009 Legislative Session, SB 1986, relating to Health Care, amended section 409.907, F.S., changing Medicaid policy relating to provider enrollment background screening.

The provider alert was sent to clarify policy, and specifically a conflict between the Medicaid provider application guide and current Florida Statute. Current statute in s. 409.907, F.S., supersedes that which is in rule and incorporated into the provider application guide.

SB 1986 allowed Medicaid to consider a broader set of criminal offences when reviewing an applicant's eligibility in addition to those previously included in 409.907, F.S. Through our preparation to implement the language in SB1986 we learned that the screenings performed by DOH at licensure renewal did not meet the statutory requirement for the Medicaid program. Therefore, only an initial screening for licensure performed within the 12 months prior to submission of the Medicaid application would meet those requirements.

The Agency has been working to update the Medicaid provider enrollment guide and handbook which currently in the rule process.

Detailed Florida statutory language, federal regulatory language, current handbook language and full text of the provider alert follow.

Florida Statutory Language (Updated through SB 1986, 2009 Legislative Session)

409.907 Medicaid provider agreements.—

(8)(a) Each provider, or each principal of the provider if the provider is a corporation, partnership, association, or other entity, seeking to participate in the Medicaid program must submit a complete set of his or her fingerprints to the agency for the purpose of conducting a criminal history record check. Principals of the provider include any officer, director, billing agent, managing employee, or affiliated person, or any partner or shareholder who has an ownership interest equal to 5 percent or more in the provider. However, a director of a not-for-profit corporation or organization is not a principal for purposes of a background investigation as required by this section if the director: serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day-to-day operational decisions of the corporation or organization, receives no remuneration from the not-for-profit corporation or organization for his or her service on the board of directors, has no financial interest in the not-for-profit corporation or organization, and has no family members with a financial interest in the not-for-profit corporation or organization; and if the director submits an affidavit, under penalty of perjury, to this effect to the agency and the not-for-profit corporation or organization submits an affidavit, under penalty of perjury, to this effect to the agency as part of the corporation's or organization's Medicaid provider agreement application. Notwithstanding the above, the agency may require a background check for any person reasonably suspected by the agency to have been convicted of a crime. This subsection does not apply to:

1. A hospital licensed under chapter 395;
2. A nursing home licensed under chapter 400;
3. A hospice licensed under chapter 400;
4. An assisted living facility licensed under chapter 429;
5. A unit of local government, except that requirements of this subsection apply to nongovernmental providers and entities contracting with the local government to provide Medicaid services. The actual cost of the state and national criminal history record checks must be borne by the nongovernmental provider or entity; or
6. Any business that derives more than 50 percent of its revenue from the sale of goods to the final consumer, and the business or its controlling parent is required to file a form 10-K or other similar statement with the Securities and Exchange Commission or has a net worth of \$50 million or more.

(b) Background screening shall be conducted in accordance with chapter 435 and s. 408.809. The cost of the state and national criminal record check shall be borne by the provider.

408.809 Background screening; prohibited offenses.—

(1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435:

Fingerprinting and Background Screening Requirements/ Florida Medicaid Provider Enrollment

- (a) The licensee, if an individual.
 - (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider.
 - (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.
 - (d) Any person who is a controlling interest if the agency has reason to believe that such person has been convicted of any offense prohibited by s. 435.04. For each controlling interest who has been convicted of any such offense, the licensee shall submit to the agency a description and explanation of the conviction at the time of license application.
 - (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients. Evidence of contractor screening may be retained by the contractor's employer or the licensee.
- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g), the person must file a complete set of fingerprints with the agency and the agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints may be retained by the Department of Law Enforcement under s. 943.05(2)(g). The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Agency for Persons with Disabilities, the Department of Children and Family Services, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651 satisfies the requirements of this section if the person subject to screening has not been unemployed for more than 90 days and such proof is accompanied, under penalty of perjury, by an affidavit of compliance with the provisions of chapter 435 and this section using forms provided by the agency.
- (3) All fingerprints must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(3) All fingerprints must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an arrest awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:

- (a) Any authorizing statutes, if the offense was a felony.
- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 741.28, relating to domestic violence.
- (f) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (g) Section 817.234, relating to false and fraudulent insurance claims.
- (h) Section 817.505, relating to patient brokering.
- (i) Section 817.568, relating to criminal use of personal identification information.
- (j) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (k) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (l) Section 831.01, relating to forgery.
- (m) Section 831.02, relating to uttering forged instruments.
- (n) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (o) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
- (p) Section 831.30, relating to fraud in obtaining medicinal drugs.
- (q) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.

A person who serves as a controlling interest of, is employed by, or contracts with a licensee on July 31, 2010, who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by July 31, 2015. The agency may adopt rules to establish a schedule to stagger the implementation of the required rescreening over the 5-year period, beginning July 31, 2010, through July 31, 2015. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person.

Federal Regulatory Language (New – Effective March, 2011)

Title 42: Public Health

PART 455—PROGRAM INTEGRITY: MEDICAID

Subpart E—Provider Screening and Enrollment

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§ 455.434 Criminal background checks.

The State Medicaid agency—

(a) As a condition of enrollment, must require providers to consent to criminal background checks including fingerprinting when required to do so under State law or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider.

(b) Must establish categorical risk levels for providers and provider categories who pose an increased financial risk of fraud, waste or abuse to the Medicaid program.

(1) Upon the State Medicaid agency determining that a provider, or a person with a 5 percent or more direct or indirect ownership interest in the provider, meets the State Medicaid agency's criteria hereunder for criminal background checks as a “high” risk to the Medicaid program, the State Medicaid agency will require that each such provider or person submit fingerprints.

(2) The State Medicaid agency must require a provider, or any person with a 5 percent or more direct or indirect ownership interest in the provider, to submit a set of fingerprints, in a form and manner to be determined by the State Medicaid agency, within 30 days upon request from CMS or the State Medicaid agency.

Florida Medicaid Provider General Handbook Language (Last updated February 2009; revision currently pending)

Required Enrollment Forms and Documentation

To enroll in Medicaid, non-institutional applicants must submit the following forms and documentation.

- Florida Medicaid Provider Enrollment Application, AHCA Form 2200-0003;
- Non-Institutional Medicaid Provider Agreement;
- Fingerprint Card or appropriate fingerprinting exemption (See Criminal History Check in this chapter for the specific fingerprinting exemption procedures);
- Electronic Data Interchange Agreement (included in AHCA Form 2200- 0003);
- Medicaid Provider Surety Bond form (included in AHCA Form 2200-0003), if applicable;
- Physician Group Certification of Ownership Form (included in AHCA Form 2200-0003), if applicable; and Any other information that is requested in the enrollment package such as copies of required licenses, certifications, and other required documentation.

Criminal History Check Requirements

Criminal history checks are required for both enrolling and re-enrolling Medicaid providers. The following individuals in each provider organization are required to have criminal history checks:

- All partners or shareholders with an ownership interest of five percent or more;
- All officers (this includes the president, vice president, etc.);
- All directors (this is the board of directors);
- Financial records custodian;
- All billing agents;
- All managing employees or affiliated persons, including pharmacy managers;
- and
- All individuals authorized to sign on the account used for electronic funds transfer.
- If individuals belong to more than one of the above categories, they only require one criminal history check.

Fingerprint Cards Requirements

- The criminal history check is conducted based on the applicants' fingerprints.
- Applicants are required to submit a copy of their fingerprints on the fingerprint card included in the Florida Medicaid Provider Enrollment Application package.
- Providers may not use other types of fingerprint cards.
- Additional cards can be obtained from the fiscal agent or any area Medicaid office.

Exemption For Board Members

Board members of a not-for-profit corporation or organization are exempt from the criminal history check if they meet all of the following criteria: Serve solely in a voluntary capacity, Do not regularly take part in the day-to-day operational decisions of the corporation or organization, Receive no remuneration from the corporation or organization for their service on the board of directors, Have no financial interest in the corporation or organization, and Have no family members with financial interest in the corporation or organization.

Exemption for Providers

The following providers are exempt from the criminal history check: Hospitals licensed under Chapter 395, Florida Statutes. (This exemption does not apply to the physicians' groups, laboratories, pharmacies, or other non-institutional providers that are not licensed under Chapter 395, but are owned by or affiliated with the hospital.) Nursing facilities, hospices, assisted living facilities, and adult family care homes licensed under Chapter 400, Florida Statutes. (This exemption does not apply to the physicians' groups, laboratories, pharmacies, durable medical equipment companies or other non-institutional providers not licensed under Chapter 400, but are owned by or affiliated with the nursing facilities, hospices and assisted living facilities.)

School districts. Units of local government. (This exemption does not apply to nongovernmental providers and entities that contract with the local government to provide Medicaid services. The

contracted entities are responsible for the cost of the criminal history checks for all applicable staff and management.)

Any business that derives more than 50 percent of its revenue from the sale of goods to the final consumer **AND either** the business or its controlling parent is required to file a form 10-K or similar statement with the Securities and Exchange Commission **OR** the business has a net worth of \$50 million or more. (This exception is designed primarily to exclude large pharmaceutical companies. The business must submit its annual report including audited financial statements or 10-K Form with the exemption request.)

Exemption for Government Entities with Previous Criminal History Checks

If a government agency or government-owned facility already obtains criminal history checks on its employees, Medicaid does not require another check if the following criteria are met:

The government agency or government-owned facility submits documentation in the form of a letter or official form from the screening agency, which specifies the applicant's name and dates of the FDLE and FBI criminal history checks; The previously completed criminal history check is no more than 12 months old as of the date of receipt of the application; and Medicaid reserves the right, on a case-by-case basis, to reject any criminal history check deemed questionable, or to require that a new criminal history check be completed and the appropriate fee submitted to cover payment required by FDLE.

Criminal history check exemption policies for government agencies apply to hospital taxing districts, such as the North Broward Hospital District; state agencies, such as county health departments; and state university system facilities, such as the University of Florida, Shands Teaching Hospital.

Exemption for DCF License

Criminal history checks are not required for medical foster care or private transportation providers who have a Florida Department of Children and Families license.

Exemption for Physicians, RNs and ARNPs

~~Criminal history checks are not required for physicians, podiatrists, chiropractors, registered nurses, and advanced registered nurse practitioners who are currently licensed through the Florida Department of Health (DOH). If an Alabama or Georgia provider is designated as an in-state provider and has a current Florida DOH license, then a criminal history check is not required. However, if the provider does not have a valid Florida DOH license; then a fingerprint card and a criminal history check is required.~~

NOTE: The highlighted language above is currently under revision in order to come into compliance with statutory requirements adopted during the 2009 Legislative session through SB 1986. Those statutory requirements are currently being enforced.

Criminal History Check by Other Agencies

Medicaid accepts criminal history checks conducted by other Florida agencies or departments that have been completed within 12 months of receipt of the application.

The provider must submit a letter or official form from the agency that conducted the criminal history check with the Enrollment Application. The letter or form must specify the applicant's name, Social Security Number, date the criminal history check was completed, the level of the screening and the results.

August 15, 2011 Provider Alert

409.907 (8)(a), F.S., requires all initial or renewing provider applicants to Florida Medicaid to submit fingerprints for purposes of obtaining a criminal history record check unless they meet one of the exemptions as described in the statute.

New or renewing applicants to Florida Medicaid who were fingerprinted by DOH within the previous twelve (12) months may submit proof of that screening in lieu of fingerprints with their new or renewing application to Florida Medicaid. This would meet the requirement for background screening as stated in 409.907 (8)(a) and 409.907 (8)(c), F.S. Proof of appropriate screening would be issued by DOH and would include the applicant's name, the last four (4) digits of the Social Security Number, the date of the screening, the level of the screening, and the results.

NOTE: Practitioners are only fingerprinted by the Department of Health (DOH) during their initial licensure. The lower level screening performed during licensure renewal does not meet the requirement for Florida Medicaid. Acceptable proof of prior screening must reflect processing of fingerprints within the previous twelve (12) months to obtain both statewide and national histories.

The Agency understands that the application guide incorrectly states some licensed practitioners are exempt from fingerprinting. That language is not consistent with the Florida statute mentioned above. In cases where statute and rule conflict the statute overrides the rule.

In order to bring the application guide language into agreement with the statute, AHCA will file a revised rule with the Department of State to clarify that licensed practitioners are required to submit fingerprints. Please note, this is a lengthy process and until it is completed the language will conflict.

Florida Medicaid has no authority to enforce or allow the exemption to fingerprinting as described in the application guide. We will require all licensed practitioners to submit fingerprints when they apply to enter or renew with the program unless they can supply proof of an acceptable screening within the previous twelve (12) months that is in compliance with Chapter 435, F.S.

INSITE Training

Oct. 14-15-16 and Nov. 4-5-6 2011

held at the

Florida School for the Deaf and the Blind

Parent Services - Parent Infant Program

St. Augustine, Florida

Serve children 0-5 with special needs and vision and/or hearing loss in natural environments with this family focused model. The **six day course** covers the following important information for early interventionists:

- **Working with Families** – partnership, grief, communication, family dynamics, family needs, culture, teaming, eco maps, family focused interview
- **Deaf / Hard of Hearing** -etiology, understanding audiograms, hearing aids, cochlear Implants auditory development, communication interaction, language methodologies
- **Basic Communication and Cognition** – cues, signals, informal and formal
- **Motor Development** – gross and fine motor, feeding, positioning, self help, understanding types of cerebral palsy
- **Blind / Vision Impairments**– etiology, understanding medical eye reports, adapting for and optimizing vision environments, functional vision assessments
- **Application of the Model** – getting around in the natural environment, assessment, working with a family writing outcomes, assessment and evaluation, IFSP development, transition to center based programs

Note – one homework assignment is required between training weekends. Participants must complete all 6 days and the homework to receive a certificate.

Participants are required to have a degree in a related field such as: Special Education, Early Childhood, Physical Therapy, Occupational Therapy, Speech and Language, Deaf Education, etc.

If you are interested in taking the course, contact: Kim Carr at
The Florida School for the Deaf and the Blind, Parent Infant Program
207 North San Marco Ave., St. Augustine, FL 32084, 904-827-2233

The INSITE Model can be obtained from HOPE, Inc. by calling 1-435-245-2888 or online at <http://www.hopepubl.com> --- **cost \$90.00 plus 10% S & H**

Participants will also be **assessed \$275** to cover the cost of the training and relevant handouts. Payment is to be made before class begins. **Make checks out to FSDB Parent Infant Program.**

Kim Carr or Kathy Kelly, Parent Infant Program Coordinators
carrk@fsdb.k12.fl.us, kellyk@fsdb.k12.us
904-827-2232 904 827-2437
or 800-356-6729

FSDB Parent Infant Program ***Training Registration***

Specialized training for working with young children with sensory loss and their families in natural environments is available for professionals with a background in sensory loss, child development, special education, speech/ language pathology, audiology, physical and occupational therapy, social work, and other related fields. If you have any questions please contact the Parent Infant Program staff: Kim Carr, 904-827-2232 carrk@fsdb.k12.fl.us or Kathy Kelly 904-827-2437 kellyk@fsdb.k12.fl.us

You must have a bachelor's degree or higher. You do not need a background in visual impairments to take these courses.

To register for this training, please check the training you want to take and complete the form below.

2011

INSITE ----- Oct. 14-15-16 and Nov. 4-5-6 (*3 weeks in between classes)

2012

SKI-HI ----- Jan. 20-21-22 and Feb. 24-25-26

VIISA 3-5 ---- March 16-17-18 and May 18-19-20

INSITE ----- Oct. 5-6-7 and Nov. 2-3-4

2013

SKI-HI ----- Jan. 25-26-27 and Feb. 22-23-24

VIISA 0-3 --- March 15-16-17 and May 17-18-19

INSITE ----- Oct. 18-19-20 and Nov. 15-16-17

Name: _____

Address: _____
City State ZIP

Telephone: _____
Home Work FAX

E-mail Address: _____

BACKGROUND INFORMATION

Degree/Major: _____

Certification: _____

Title/Job: _____

EXPERIENCE:

What experiences do you have working with young children or families of young children with sensory loss and/or other challenges?

Please check below to indicate your understanding and agreement with the conditions specified.

"I realize that I must complete all sessions of the Parent Advisor Training to be certified. The certification is valid for 5 years at which time it can be renewed. I also acknowledge that I am aware that there will be independent homework assignment(s) between the training sessions.

"My program and I are willing to participate in the ongoing Technical Assistance offered by the Florida School for the Deaf and the Blind, Parent Infant Program, as part of my Parent Advisor Training. This Technical Assistance is offered at no cost to me or my program."

Sign

Date

Please return to: Parent Infant Program, **Florida School for the Deaf and Blind**
207 N. San Marco Ave., St. Augustine, FL 32084, or to **FAX # 904-827-2293**



Rick Scott
Governor

H. Frank Farmer, Jr., MD, PhD, FACP
State Surgeon General

September 7, 2011

Dear Provider,

This letter is to let you know about changes that take effect on October 1, 2011 related to eligibility for Early Steps, Florida's early intervention program for infants and toddlers (birth to thirty-six months of age) with significant developmental delays or an established condition likely to result in a delay. Although eligibility criteria will not change, there will now be a required annual re-determination of continuing eligibility for all children who do not have an established condition. This means that for children determined eligible due to developmental delay, there must be a determination of continuing eligibility during the annual review of the Individualized Family Support Plan (IFSP). As a provider, you may be asked to submit detailed progress notes and supporting documents to assist with the determination of continuing eligibility. If screening results and progress notes indicate that the child no longer meets Early Steps eligibility criteria, the IFSP team may decide that the child should be closed to Early Steps services.

The process will also change for children who were made eligible due to developmental delay based on informed clinical opinion. This is when scores on the child's evaluation do not meet Early Steps eligibility criteria, but the evaluation team has collateral information and/or has observed the child and has determined that these pieces of information support making the child eligible for Early Steps, regardless of their evaluation scores. Children made eligible in this way must also have their eligibility re-determined by the end of the first 6 months of eligibility. If the re-determination of eligibility indicates the child does not meet the Early Steps eligibility criteria, the child should be closed to Early Steps at that time. Again, as part of the child's IFSP team, you will be called upon to assist and provide input during the re-determination process.

Thank you for your services to infants and toddlers with developmental delays and your partnership with families and the Local Early Steps. You should review the Early Steps Policy Handbook and Operations Guide at http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html in preparation for these changes. If you feel that you need additional information regarding the eligibility re-determination process, please contact the LES director in your area.

Sincerely,

A handwritten signature in black ink that reads "Lynn Marie Firehammer".

Lynn Marie Firehammer
Bureau Chief, Early Steps
Children's Medical Services